MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE 27220022-OUTLETS 1 & 2 1. MONTH OF MAY 1, 2008 THRU MAY 31, 2008 2. Is Outlet # (8 digit) Correct? N N/A 3. Is average Total flow-gal.day stated in space provided? N N/A 4. Is max. Total flow-gal day stated in space provided? N N/A 2nd Input 5. Is method used to calculate water stated? Industrial Dept. N N/A 6. Are number of working days stated? N N/A 7. Are there any parameters which have exceeded PVSC N Local Limits? N/A 8. Is proper compliance/non-compliance statement provided? N N/A 9. Have correct number of samples been submitted? N N/A 10. Has PHC result been listed on MR-1 report? N N/Á 11. Has sample number been reported in space provided? N N/A 12. Have all regulated parameters been listed on MR-1? N N/A 13. Has sample type been stated on MR-1? N N/A 14. Have all samples been taken during this reporting period? N N/A 15. Has NJDEPE certified lab been used? N N/A 16. Have analytical results been submitted on copies of Laboratory stationery? N N/A 17. Have results been written in space designated on MR-1? N N/A n? 88 295 W 18. Is correct method used to preserve samples stated on MR-1? N N/A 19. Has MR-1 been signed by authorized representative? N/A 20. Has information been submitted on proper MR-1 form? 21. Remove Arsenic from report if sampling not required

C.J.M.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE	212	.20022					
First Reviewer: comment	s on deficiencies con	PLETE					
Date Reviewed 7/8/08	Date sent to user_	·		-			
Date due back	Reviewer_	c. J. m.					
Second review comments	on deficiencies						
			-				
	,				——···		
- .							
Date Reviewed	Date ser	nt to user				-	· ·
Date due back	Reviewe	<u>r</u>			· •		
Date	Reviewer						<u> </u>



	PRETR	EATMENT MO	NITORING R	EPORT	EGE	IVEIN
NAME: COMO	TEXTILE PRINTS INC.				JUN 2	0 2008
MAILING ADDR	ESS: 191 EAST RAILWAY	AVE. PATERSO	ON, NJ 07503	are an area of the second		
FACILITY LOCA	TION: 191 EAST RAILWAY	'AVENUE PA'	TERSON, NJ 0	7503	DUSTRIAL I	DEPARTMENT
CATEGORY & SI	UBPART: 410	*	0	UTLET #:	1	
CONTACT OFFIC	CIAL: MICHAEL BLANCHE	IELD	T.	ELEPHONE:	973 279-2950)
NEW CUSTOME	R ID / OUTLET ID: <u>27220022</u>	-1 OLD OU	TLET DESIGN	IATION: 27	400341	
Start	ORING PERIOD End 5 31 08	Regulated Flow-	Avera	N/	Maximum 1	*
MO DAY YR	MO DAY YR	Total Flow-gal/da	iy / i	0) 170	100	, , , , ,
Method Used:	MO DAY YR MO DAY YR Monthly meter	er read	ings d	li orde	l by de	295
Production Rate (in	11/1				·	
PARAMETER	(6)		R CONCENTR MAXIMUM		# OF SAMPLES	SAMPLE TYPE COMP/GRAB
Cu	Sample Measurement Permit Requirement	3.02		right		Could
P6	Sample Measurement Permit Requirement	20.005 V		MOTE		Cocep
1º;	Sample Measurement	20,01		wegle		Coup
Zn	Permit Requirement Sample Measurement Permit Requirement	0.10		124/2 124/2	l	Cowp
	Sample Measurement Permit Requirement			1011		
	Sample Measurement					5 7
	Permit Requirement Sample Measurement	No de 20				
	Permit Requirement Sample Measurement	Industrial Input	F /			
9	Permit Requirement	172/ DS/Dt.				- B
	Sample Measurement					
	Permit Requirement		1415167			
	Sample Measurement	1	273	793	1	
-	Permit Requirement	1/4	A	(2)	\rightarrow	
	Sample Measurement	1 / 1	, / /	12		
	Permit Requirement Sample Measurement	8	J. 1917	2232		X
1	Permit Requirement	1/9	1st imp	1 2		
	Sample Measurement	1/18	Industrial	As/		
	Permit Requirement	: /	Linitianian International	1200/		1
	Sample Measurement		18086	1364		*
	Permit Requirement		20.116.0			
	Sample Measurement					
	Permit Requirement					

	PRETREATMENT MONITORING REPO	RT LUB WE
	if applicable (use additional sheets): We have	D- Ca HER
		NESMIN & & 2008, 1. 35
<u> </u>	-use for Cd, Cr, Hay	
		INDUSTRIAL DEFARMENT
,		
Compliance or non comp	liance statement with compliance schedule (use additional shee	ets if necessary) for every
parameter used: ()	care in Compliance of	The local
(inits)	ON Cu, Pb, Ni, Zh	
		
		The second secon
	rving samples: <u>Samples</u> were to	
Storedo	+ 4 degrees centiquo	le. Nitric
	os used to preserve 'The	e samples
at less	Than pH 2.0	
I certify under penalt	y of law that this document and attachments were prepared	d under my direction or supervision in
accordance with a system	n designed to assure that qualified personnel properly gath	er and evaluate the information submitte
	the person or persons who manage the system, or those pers	•
	rmation submitted is, to the best of my knowledge and belie	•
	e significant penalties for submitting false information, incl	
fine and imprisonment fo	•	and the benefit of
mo and imprisonment it	A Knowing violations.	
403.6(a)(2)(ii) Tevised	by 53 FR 40610, October 17, 1988	
	111 MS 5	
ι .	Signature of Principal	·
	Executive or Authorized Agent	
-4		
# 1	Michael F. Blanchfield	
	The President	<u>-</u>
į	Type Name and Title	-
•	6/19/2008	
	Date	-

PVSC FORM MR-1 REV: 5 3/91 P 2

				ME	GEI	VEN
	PRETE	REATMENT MO	NITORING R			000
NAME OOM	O WENTER BRAITS BLO				JUN 2 0 2	008
NAME: COM	O TEXTILE PRINTS INC.				Company of the Land Company	TATELLE ALT
MAILING ADDI	RESS: 191 EAST RAILWAY	AVE. PATERSO	N, NJ 07503	INDUS	TRIAL DEF	WEI UNITED
FACILITY LOCA	ATION: 191 EAST RAILWA	Y AVENUE PAT	ERSON, NJ 07	7503		
CATEGORY & S	SUBPART: 410	***	O	UTLET #:	2	
CONTACT OFFI	ICIAL: MICHAEL BLANCH	FIELD	TI	ELEPHONE:	973 279-295	0
NEW CUSTOME	ER ID / OUTLET ID: 27220022	2 - 2 OLD OUT	LET DESIGN	ATION: 27	7400342	
	TORING PERIOD———		Avera		Maximum	
Start	End			11	IVIANIIIIIII	
- 1 00		Regulated Flow-g	al/day)/4		
1 5 1 0	5 3 08			2000	11	·
MO DAY YR	MO DAY YR	Total Flow-gal/da	y	1040	//	100
	Monthly met	er ues	d-	Le le l	bea &	2.4.5
wielled Osed.	red we	C 1000	rooy au	ococco	- 59 a	on >
	69 / A			······		
Production Rate (if applicable)					
PARAMETER	16/		CONCENTR		# OF	SAMPLE TYPE
	Sample Measurement	MON AVG	MAXIMUM	UNITS	SAMPLES	COMP/GRAB
Cu	Permit Requirement	3.02	/	246		Comp
06	Sample Measurement	60.005		relate	1	7
19	Permit Requirement	0.54		my/2		(Day)
1):	Sample Measurement	5,9	_	my 1e	ı	Guio
	Permit Requirement			14/2		Comp
211	Sample Measurement	0.071		wy/e		Gun
	Permit Requirement	1.67		regle		Cowp
	Sample Measurement Permit Requirement					
	Sample Measurement					
	Permit Requirement	 				
	Sample Measurement					
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	Sample Measurement		1/ 31	7.5		
	Permit Requirement					
	Sample Measurement	1 0	J111	100		
	Permit Requirement		201/2008	2.		
	Sample Measurement	40	10000	<i>f</i> . /		
	Permit Requirement	\.	"Uai Do	.ć /		
20	Sample Measurement	1 2	T.	1/		
	Permit Requirement		Tame of the	/		
	Sample Measurement					
,	Permit Requirement					**************************************
	Sample Measurement					
	Permit Requirement					
-	Sample Measurement					
	Permit Requirement					
}	Sample Measurement					
	Permit Requirement	L				

PVSC FORM MR-1 REV: 4 6/87 P 3

PRETREATMENT MONITORING REPORT JUN 2:0 2008
Certification of Non-Use if applicable (use additional sheets): We have been certified for Non-use for Col, Cr, Hy
Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used: We are in Compliance of the local limits) on Cu, Pb, Wi, ZM
Explain Method for preserving samples: <u>Samples</u> were taken and <u>Stored at 4 degrees</u> centiquade. Nitric
Acid was used to preserve the samples at less than pH 2.0
I certify under penalty of law that this document and attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering
the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.
I am aware that there are significant penalties for submitting false information, including the possibility of
fine and imprisonment for knowing violations.
403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988
Signature of Frincipal Executive or Authorized Agent
Hichael F. Blanchfield
The President
Type Name and Title 6 //9/2008

Date

PVSC FORM MR-1 REV: 5 3/91 P 2

Technion, Inc. Testing and Research Laboratories

Client: Como Textiles

Date Received: 05/06/08

Date Digested: 05/08/08

Test Results

Sample ID: Pretreatment 1

Matrix: Wastewater

Lab ID: 7965-2

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
05/12/08	Copper	0.06	0.003	3.02	200.7
05/12/08	Lead	N.D.	0.005	0.54	200.7
05/12/08	Nickel	N.D.	0.01	5.9	200.7
05/12/08	Zinc	0.10	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

MDL: Minimum Detection Limit

N.D.: Not Detected

NJDEP No. 07004

Page

3 of 5

Technion Inc., Testing and Research Laboratories

Client: Como Textiles

Date Received: 05/06/08

Date Digested: 05/08/08

Test Results

Sample ID: Pretreatment 2

Matrix: Wastewater

Lab ID: 7965-4

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
05/12/08	Copper	0.21	0.003	3.02	200.7
05/12/08	Lead	N.D.	0.005	0.54	200.7
05/12/08	Nickel	N.D.	0.01	5.9	200.7
05/12/08	Zinc	0.07	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

MDL: Minimum Detection Limit

N.D.: Not Detected

NJDEP No. 07004

Page

5 of 5

COMO TEXTILE PRINTS, INC. 191 East Railway Avenue Paterson, New Jersey 07503 tel: (973) 279-2950 fax: (973) 881-8450

Date: June 19, 200 8

Passaic Valley Sewerage Commissioners Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring

report:	·		
Service #341			
Meter #70025607	(CCF) * 748 =	2,887,280	gal.
Meter #60094686	(CCF) * 748 =	82,280	gal
		2,969,560	gal.
5% allowance	e for evaporation	* .95	
Consumpti	on #341	2,821,082	gal.
Service #342		· · · · · · · · · · · · · · · · · · ·	
Meter #60094678	(CCF) * 748 =	201,960	gal.
5% allowance	for evaporation	* .95	
Consumptic	on #342	191,862	gal.
Service #343			
Meter #45141583	(CČF) * 748 =	2,154	gal.
Sanitary o	only #343	2,154	gal.

Mighael B Plant Manager

Sanitary only #343

pvsc36

Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110

RECEIVED MAY 2 3 2008

Fax: 973-661-1817

Analytical Report

Client: Como Textiles

Client Ref:

Tel: 973-661-0800

Material: Four Wastewater Samples

Date: 05/19/08

Technion Ref: 7965

Date Received: 05/06/08

Lab ID: 08: 7965

Project:

Analysis Req: BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst: Y. Yildiz, S. Zalewski

The above sample(s) were received on 05/06/08 and analyzed as requested.

Certificate of Analysis

Test Results: Test results are as attached.

Metals Subcontracted to QC Laboratories

Release of the date contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.

Omar Baturay

Laboratory Manager

OB/td

NJDEP No. 07004

Page

1 of 5



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED JUN 9 - 2008

Page 1 of 1

Bill Date	Jun 04, 2008
Account Number	122621-98572
Date of Last Payment	May 27, 2008
Amount of Last Payment	\$ 8.295.02
Previous Balance	\$ 0.00
Current Charges	\$ 4,856.52
The state of the s	
Total Amount Due	\$ 4,856.52
Due Date	Jul 04, 2008

SERVICE ADDRESS 191 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BIL

Service Period

Apr 09, 2008--May 14, 2008

Services

 Description
 Charge

 SERVICE CHARGE
 337.60

 FIRST 333 CCF
 462.87

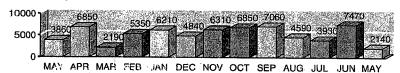
 NEXT 9,999,999 CCF
 4056.05

Meters

Meter No 70025607

Meter Size 4 INCH Current Previous 5552 5166 Consumption 3860

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED JUN 9 - 2008

Mailing Address:

*A-FIX-AM-00061

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Jul 04, 2008
Total Amount Due	\$ 4,856.52
Amount Enclosed	

Service Address:

191 E RAILWAY AVE, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED JUN 2 - 2008

Page 1 of 1

Bill Date	May 28, 2008 6/2/08		
Account Number	122623-98574		
Date of Last Payment	May 27, 2008		
Amount of Last Payment	\$ 933.72		
Previous Balance	\$ 0.00		
Current Charges	\$.481.60		
Printing Programmer Commission Co			
Total Amount Due	\$ 481.60		
Due Date	Jun 27, 2008		

SERVICE ADDRESS 191 E RAILWAY AVE UT001, PATERSON

BILL TYPE MONTHLY BILL

Service Period

Apr 09, 2008--May 14, 2008

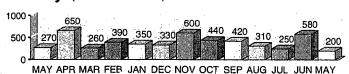
Services

Description SERVICE CHARGE FIRST 333 CCF Charge 106.30 375.30

Meters

Meter No 60094678 Meter Size 2 INCH Current Previous 4743 4716 Consumption

Usage History (most recent first)



#6220/water

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Mailing Address:

Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 □ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122623-98574
Due Date	Jun 27, 2008
Total Amount Due	\$ 481.60
Amount Enclosed	

Service Address:

191 E RAILWAY AVE UT001, PATERSON

PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393
Illininininilli



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED JUN 2 - 2008

Page 1 of 1

Bill Date	May 28, 2008 6/2/08
Account Number	122625-98578
Date of Last Payment	May 27, 2008
Amount of Last Payment	\$ 260.92
Previous Balance	\$.0.00
Current Charges	\$ 288.72
MARIE ATT	
Total Amount Due	\$ 288.72
Due Date	Jun 27, 2008

SERVICE ADDRESS 193 E RAILWAY AVE, PATERSON

BILL TYPE **MONTHLY BILI**

Service Period

Apr 09, 2008--May 14, 2008

Services

Description SERVICE CHARGE SERVICE CHARGE Charge 106.30 25.35 FIRST 333 CCF 157.07

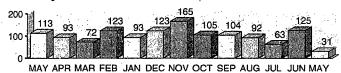
Meters

Meter No 60094686 45141583 Meter Size 2 INCH 5/8 INCH

Current Previous 1237 1226 488 485

Consumption

Usage History (most recent first)



the Del Water pst. 20

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED JUN 2 - 2008

Mailing Address:

*B-998-AM-03484

իժիրովիիմորժիիիժիհեհիկիրոցկուրույնոր *****SNGLP

COMO TEXTILES 193 E RAILWAY AVE PATERSON NJ 07503



☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make ¢heck or money order payable to PVWC.

Account Number	122625-98578
Due Date	Jun 27, 2008
Total Amount Due	\$ 288.72
Amount Enclosed	

Service Address:

193 E RAILWAY AVE, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393 ManhadadMaaadldababddaadldbbbadldbad LAB I.D. # 7465

NO. OF SAMPLE CONTAINERS

CHAIN OF CUSTODY

TESTING AND RESEARCH LABORATORY

TECHNION, INC.

REMARKS Time Page __ of __ TRANSPORTED AT 4°C? Y DYES DNO SAMPLES IN GOOD CONDITION? DI YES DNO C 14100 CAROZ Date Received by (Signature): REMARKS: TRANSPORTED AT 4°C? Time Date Received by (Signature): $\overline{\mathcal{Q}}$ Q Q SAMPLE DESCRIPTION, Washwaler Time Time CHECK REPORT TYPE REQUIRED 8-6 Date Date RESULTS ONLY III EPA TIER I (CLP) EPA TIER II (CLP) NU ECRA II N TER 18 DATE DUE NY DOH OTHER Received by (Signature): Received by (Signature): TIME Green 5-6-08 DATE Time Time Proj. Mgr. Corrus Torabile ansoft 2 5608 Date Date hetreatmosts Company Name / Address: SAMPLE I.D. antlet A Relinquished by (Signature): ished by (Signature) Sampler (Signature): Proj. Description_

Tel: (973) 661-0800 • Fax: (973) 661 -1817

NUTLEY, NEW JERSEY 07110

263 HILLSIDE AVENUE



NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

VE: co	MO TEXTILE .					
ILING AL	DDRESS:				,	
LITYLO	CATION:					
EGORY	& SUBPART	PERMIT =		7		
TACT OF						
	authorized to certify no	Duce for the first	T	ELEPHONE #		
nic	I and	il-use for the foll	owing heavy me			
	Lead	Zinc		SAMPLE DATE MONTH DAY YEAR		
nium	Mercury		AFORTOTT			
mium _	Molybdenum _		5			
	Nickel /		5	6	08	
					F 6	
AMETER			. '			
		RESULT	CONCENTRATION		SAMPLE TYPE	
,	,	RESULI	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB	
TICKEL	Sample Measurement	(0.01	TESORIO	mq/1		
	Threshold Value	0.02	n	119/1	Comp.	
:OUTLET	Sample Measurement	1				
#	Threshold Value				- '	
	Sample Measurement					
	Threshold Value					
	Sample Measurement	(0.01	n	mg/L		
TICKEL	Threshold Value	0.02		,	comp.	
OUTLET	Sample Measurement		,			
# 2	Threshold Value				•	
	Sample Measurement					
	Threshold Value		213141516;	18-		
	Sample Measurement		A A	8		
	Threshold Value		10168			
	Sample Measurement			223		
	Threshold Value		ody al De	ω/		
	Sample Measurement		(F. C)	360		
	Threshold Value		\$50502037	10/		